

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Robert J. Deri et al  
Serial No.: 09/609,178  
Filed: June 30, 2000  
For: Wavelength-Conserving Grating Router For Intermediate Wavelength Density

Attorney  
Docket No.: IL-10504  
Group Art Unit: 2874  
Examiner: K. Wood

**RECEIPT IS HEREBY ACKNOWLEDGED OF THE FOLLOWING:**

1. Amendment (6 pages)  
Attachment I - Version with Markings to Show Changes Made (3 pages)
2. Fee Authorization for Amendments with Additional Claims (1 page) duplicate
3. Express Mail Certificate
4. Return Postcard

Express Mail No.: EV003768494US

Attorney: LEC/am

Date Mailed:

7-3-02

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EV 003768494 US



# POST OFFICE TO ADDRESSEE

UNITED STATES POSTAL SERVICE®

## ORIGIN (POSTAL USE ONLY)

PO ZIP Code	Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> Second	Flat Rate Envelope <input type="checkbox"/>
Date In Mo. Day Year	<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Postage \$
Time In <input type="checkbox"/> AM <input type="checkbox"/> PM	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt Fee
Weight lbs. ozs.	Int'l Alpha Country Code	COD Fee Insurance Fee
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials	Total Postage & Fees \$

## DELIVERY (POSTAL USE ONLY)

Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		
Delivery Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day		

☐ **WAIVER OF SIGNATURE (Domestic Only):** Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

NO DELIVERY ☐ Weekend ☐ Holiday Customer Signature

Mailing Label  
Label 11-F August 2000

## CUSTOMER USE ONLY

## METHOD OF PAYMENT:

Express Mail Corporate Acct. No.

Federal Agency Acct. No. or  
Postal Service Acct. No.

FROM: (PLEASE PRINT)

PHONE ( )

LAWRENCE LIVERMORE LAB  
PO BOX 808  
LIVERMORE CA 94551-0808

TO: (PLEASE PRINT)

PHONE ( )

Box: AF  
Commissioner for Patents  
Washington, D.C. 20231

April Masluk L-703  
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## ORIGIN (POSTAL USE ONLY)

PO ZIP Code 94550	Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> Second	Flat Rate Envelope <input type="checkbox"/>
Date In Mo. 7 Day 3 Year 02	<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Postage \$ 13.65
Time In <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt Fee
Weight lbs. 4 ozs.	Int'l Alpha Country Code	COD Fee Insurance Fee
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials	Total Postage & Fees \$ 36.50

☐ **WAIVER OF SIGNATURE (Domestic Only):** Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

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Customer Copy  
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Commissioner for Patents  
Washington, D.C. 20231

**EXPRESS MAIL CERTIFICATE**

"Express Mail" label number EV003768494US

Date of Deposit 7-3-02

I hereby certify that the following *attached*

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is being deposited with the United States Postal Service "Express Mail Post Office to addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to Box: AF, Commissioner for Patents, Washington D.C. 20231.

April Masluk

(Type or print name of person mailing paper)

April Masluk

(Signature of person mailing paper or fee)

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